



Tuition Reimbursement Program
Application

Staff Member's Name: _____

Email address: _____

Campus phone: _____

Bauer Department: _____

Room location: _____

Semester: Fall Spring Summer Academic Year: _____
(Select all that apply)

Academic Program Name: _____

Number of hours to be taken: _____ Courses (ex: ACCT 2331, Financial Accounting)

Proposed Work Schedule:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Will your office have adequate coverage to meet the state requirement? Yes No

If staff member will be in class between 8-5, the supervisor's approval of the request is required.

_____ Supervisor's Name

_____ Supervisor's signature and date

Staff member's signature and date: _____

Completed form should be submitted to the Staff Development Committee in an interoffice envelope to MH 350C or by email to SDC@bauer.uh.